



STATE OF CONNECTICUT
INSURANCE DEPARTMENT – Licensing Division
P.O. Box 816
Hartford, CT 06142

NAME or ADDRESS CHANGE FORM
INDIVIDUAL LICENSES ONLY

PLEASE PRINT OR TYPE CLEARLY

| | |
|---|-----|
| NAME (as it appears on license): | |
| LICENSE NUMBER: | |
| SOC SEC NUMBER: | - - |

☐ ADDRESS CHANGE/CORRECTION:

New Residence Address:

| | |
|--------------------------|--|
| Street/Number/Apt/PO Box | |
| City, State, ZIP | |
| Phone Number | |
| Email Address | |

If the Mailing Address is a PO Box, please include the physical residence address:

| | |
|-------------------|--|
| Number/Street/Apt | |
| City, State, ZIP | |

New Business Address:

| | |
|----------------------|-------------|
| Name of Business | |
| Number/Street/PO Box | |
| City, State, ZIP | |
| Phone Number: | Fax Number: |

☐ NAME CHANGE/CORRECTION:

| | |
|-----------------|--|
| New Name: | |
| Former Name: | |
| Corrected Name: | |

For name changes we will update your records. To request a new license you must send \$25 along with the request form for a Duplicate license.

Submitted by:

| | | |
|--------|--------|-------|
| Name: | Title: | Date: |
| Phone: | Email: | Fax: |

Insurance Department Email: ctinsdept.licensing@po.state.ct.us

Fax: (860) 297-3978